

National Indian
Health Board



HEALTHY
NATIVE
COMMUNITIES
PARTNERSHIP



CENTER FOR NATIVE
AMERICAN YOUTH
AT THE ASPEN INSTITUTE



NATIVE YOUTH TRACK

PART 2: YOUTH AND CHAPERONES REGISTRATION FORMS

NATIVE YOUTH TRACK

Where: Denver, Colorado
When: September 23—25, 2012
Who: You! And 50-75 Native youth ambassadors with chaperones

The National Indian Health Board (NIHB), and Healthy Native Community Partnerships (HNCP) invites you to join our Native Youth Track at the NIHB's 29th Annual Consumer Conference to involve Native youth in the national discussion on American Indian and Alaska Native (AI/AN) health and wellness. This track will assist youth in telling their story of health and wellness in their community using Digital Media and Storytelling. This track will support the Native Youth Healthcare Advisory Council to assist the NIHB and other partners in developing youth-guided strategies for suicide and obesity prevention.

This track will feature many exciting events, including:

- Community Service event in the Denver Area
- Native Youth Digital Story Telling Workshops
- Opportunity to hear from notable speakers from the NIHB general ACC plenary session
- Red Carpet Event: Native Youth Track Film Festival
- Native Youth Healthcare Advisory Council Formulation/Recruitment

Developed through partnership with the HNCP, and with support from the Center for Native American Youth at the Aspen Institute and United National Indian Tribal Youth, Inc. (UNITY), the Native Youth Track will follow the overall NIHB ACC theme; NIHB @ 40: The Vision That Became One, Enduring Voice for Our People's Health. Traditional concepts and teachings of physical and emotional balance are cultural foundations of AI/AN health. Our native teachings share the interconnectedness of physical, emotional, spiritual and intellectual well-being with in our community and how it impacts our health and wellness. Using the modern method of Digital Media and Storytelling will allow the youth to discuss issues; such as obesity and suicide, and support youth in understanding what it means to have a healthy balanced life, opportunities youth can restore hope in their communities and families, and encourage youth to become the heroes and leaders today and tomorrow.

**National Indian Health Board 29th Annual Consumer Conference
Native Youth Track – NIHB @ 40: The Vision That Became One,
Enduring Voice for Our People's Health
September 23-25th, 2012
Denver Sheraton Downtown * Denver, Colorado**

GENERAL INFORMATION

Conference Goals:

- To honor youth and their ability to transform our communities in a positive way,
- To raise the profile of the youth health disparities in American Indian/Alaska Native communities,
- To establish a Native Youth Health Advisory Council to assist the NIHB and other partners in developing youth-guided strategies for suicide and obesity prevention, and
- To provide youth the knowledge and skills to achieve healthy and balanced lives.

Conference Features:

Digital Story Workshops and Video Creation • Health Promotion and Disease Prevention Information • Free Giveaways • Native Youth Track Film Festival

REGISTRATION FEES

Free for Youth and Chaperones!!!

Who should attend?

American Indian/Alaska Native youth aged 13-17

Meals:

Lunch each day will be provided

Youth/Chaperones will need to arrange for per diem for breakfast/dinner.

Main Conference Location:

Sheraton Denver Downtown

For general information about the conference please contact:

Blake Harper, NIHB

Phone: (202) 507-4081

Email: bharper@nihb.org

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Host Hotel:

Denver Sheraton Downtown, (907) 279-8000, \$169 plus tax

Reference: NIHB 2012 Annual Consumer Conference

Hotel cutoff date: September 12, 2012

SEND COMPLETED FORMS TO:

National Indian Health Board

Attn: Blake Harper

926 Pennsylvania Ave, SE

Washington, DC 20003

Or Email:

Bharper@nihb.org

Or Fax:

Attn: Blake Harper

202-507-4071

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TENTATIVE AGENDA

SUNDAY, September 23, 2012

8:00am - 9:00am	Icebreaker/Welcome/Introductions
9:00am – 12:00pm	River of Life Exercise/Photo Voice Project
12:00pm – 1:00pm	Lunch
1:00pm – 3:00pm	Why Digital Stories?/Story Circles
3:00pm – 3:15pm	Break
3:15pm – 4:00pm	Script/Storyboard
4:00pm – 5:00pm	MovieMaker & iMovie Tutorial
5:00pm	Dinner/Evening Healthcare Career Tour at University of Colorado Medical School: Limited Space Available

MONDAY, September 24, 2012

7:00am - 8:00am	Just Move It! Activity
9:00am - 10:00am	Narration Workshop
10:00am - 12:00pm	Silent Movie/ Movie Maker & iMovie II Tutorial
12:00pm – 1:30pm	Lunch/Activity
1:30pm – 5:00pm	Sync Narration/Final Movie Session
5:00pm – 6:00pm	Editing/Continued Work

TUESDAY, September 25, 2012

7:00am – 8:00am	Just Move It! Activity
9:00am - 12:00 pm	Final Editing
12:00pm – 2:00pm	Bag Lunch- Leadership Presentation
2:00pm – 4:00pm	Closing
4:00pm – 7:30pm	Dinner on own/Getting Red Carpet Ready!!!!
7:30pm- 9:30pm	Native Youth Track Film Festival – Red Carpet EVENT!!! Movie Snacks provided!

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To ensure the health, safety, and welfare of all youth participants and to maintain the full-participation and an orderly and enjoyable experience for everyone, all youth and chaperone registrants must read, sign, and adhere to the guidelines and agreement(s) provided.

YOUTH GUIDELINES & AGREEMENT FORM

I, (print full name) _____ understand and agree that:

- 1.** Smoking, alcohol, illegal drugs, weapons, and fighting are not allowed during the National Indian Health Board ("NIHB") Annual Consumer Conference ("the conference") Native Youth Track. I agree to refrain from the listed activities and acknowledge that if I am caught participating in any of these activities or in possession of the mentioned items, I will lose all privileges to attend the conference and my chaperone will be responsible for transportation arrangements for me off of the premises. In order to provide for the safety of all participants and staff, I acknowledge that if any NIHB staff or Native Youth Track volunteer has a reasonable suspicion that I possess any of the prohibited items, NIHB staff and Native Youth Track volunteers have the right to perform a search of me and my belongings. If I refuse a search be performed, it will be treated as if I was found to be in possession of the prohibited item(s).
- 2.** I agree to refrain from using any electronic devices (cell phones, MP3 players, handheld games, or any other distracting devices) during the conference. If I fail to follow this guideline, the items will be taken away and returned at the end of the day. Proper security for confiscated items will be provided, but Native Youth Track volunteers and NIHB staff personnel will not be responsible for lost or damaged items.
- 3.** I agree to dress in a manner appropriate and acceptable to the nature of the Native Youth Track. I will not dress in any way that may cause distraction, disruptions, or conflicts amongst other attendees. I understand that hats of any kind, bandanas, or any type of clothing bearing gang symbolism may not be worn during my conference attendance.
- 4.** I agree to not wander away from the conference premises during scheduled conference activities. I also understand, if I am found to have committed thefts or caused damages during the conference, my parents could be held liable for my actions.
- 5.** I agree to respect others and behave in a mature manner that does not allow for loud talking, yelling, vulgarity, profanity, horseplay, or any other derogatory behavior.
- 6.** I agree to report promptly to all activities and events held throughout the conference, as an active participant.
- 7.** I understand if I violate any of the guidelines during my participation in the Native Youth Track activities, my parent/guardian or chaperone may be notified.
- 8.** I understand that NIHB reserves the right to revoke my participation privileges if my behavior or actions are not supportive of the overall nature and goals of the Native Youth Track.

YOUTH PURPOSE STATEMENT

Please write a short paragraph (2-3 sentences) about why you will be attending the National Indian Health Board Annual Consumer Conference Native Youth Track.

Youth Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

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ADULT & CHAPERONE FORM

Group Chaperones may complete one agreement and include with group registration

Adults & chaperones must work to ensure and make youth aware:

1. All registration forms and emergency information for each student are completed and returned for participation in the National Indian Health Board ("NIHB") 2012 Annual Consumer Conference ("the conference") Native Youth Track.
2. All youth attending the conference understand and abide by the Youth Guidelines and Agreement.
3. Consistent contact with youth participants will be maintained throughout the conference to ensure students are attending scheduled Native Youth Track workshops, activities, and meals.
5. Youth will work with chaperones to identify the workshops/training sessions they will attend during the conference and be prompted to all scheduled meals and activities.
6. In the event the chaperone is called away from the conference or is required to leave due to an illness or other unforeseen circumstances, arrangements will be made for another representative from the respective group or another chaperone to assume the duties of lead chaperone for the assigned youth.
7. I understand NIHB staff members/volunteers attending the Native Youth Track will monitor my responsibilities as a chaperone. I will do my best to help ensure the success of the Native Youth Track.
8. I agree to remain with the students throughout the Native Youth Track conference.
9. I will refrain from using cell phones, lap tops, and/or any electronic devices in the presence of youth throughout the Native Youth Track.

By signing the agreement, I agree to uphold the standards set forth in this agreement and take responsibility for the youth assigned.

Lead Chaperone Name (Print): _____ **Relationship:** _____

Signature/Date: _____ **Phone:** _____

Additional Group Chaperones:

Name (Print): _____ **Phone:** _____

Name (Print): _____ **Phone:** _____

[] Special Needs Request: _____

One or more members of my group have a disability or special needs and will need special accommodations.
NIHB will make reasonable efforts to accommodate such requests.

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YOUTH RELEASE FORM

Participant Release, Indemnity, and Assumption of Risk Statement

This Release, Indemnity, and Assumption of Risk statement covers all activities, events, sessions, meals, occurrences, participation, observation, and travel between activities, associated with the National Indian Health Board ("NIHB") 2012 Annual Consumer Conference ("the conference") Native Youth Track in Anchorage, Alaska.

I hereby give permission for my child to participate in the Native Youth Track. For my child, I agree to assume the risk of any events associated with my child's participation, observation, or other activities at the conference that may result in any harm, injury, illness, damage or loss to my child. I hereby release, waive, and hold harmless NIHB, Healthy Native Community Partnerships, or other organizations involved in the conference or any of these organizations agents, personnel or volunteers from any claims, liability, or responsibility for any such injury, illness, damage or loss. I understand the Native Youth Track and other activities associated with the Native Youth Track are voluntary, and I agree to accept the responsibility for my child's personal safety.

I consent to the provision of emergency medical treatment for my child to the extent the treatment is necessary in the medical opinion of the doctor rendering the treatment. If I have any concerns about my child's ability to participate in any event or activity associated with the Native Youth Track, I agree to discuss my concerns with my child's physician before signing this form.

Medical Information

Hospital/Clinic Preference: _____

Physician's Name: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Allergies/Special Health Considerations: _____

Legal Guardian's Name (Print): _____ **Relationship:** _____

Signature/Date: _____ **Phone:** _____

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CHAPERONE RELEASE FORM

Participant Release, Indemnity, and Assumption of Risk Statement

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I agree to assume the risk of any events associated with my participation, observation or other activities at the conference that may result in any harm, injury, illness, damage or loss to me. I hereby release, waive, and hold harmless NIHB, Healthy Native Community Partnerships or other organizations involved in the conference or any of these organizations agents, personnel or volunteers. I understand the Native Youth Track and other activities associated with the Native Youth Track are voluntary, and I agree to accept the responsibility for my personal safety.

I consent to the provision of emergency medical treatment for myself to the extent the treatment is necessary in the medical opinion of the doctor rendering the treatment. If I have any concerns about my own ability to participate in any event or activity associated with the Native Youth Track, I agree to discuss my own concerns with my own physician before signing this form.

Signature/Date: _____ **Phone:** _____

STANDARD PHOTO RELEASE FORM

I hereby authorize the National Indian Health Board, Healthy Native Community Partnerships, to publish the photographs taken of me and/or the undersigned minor child(ren), and our names, for use in the National Indian Health Board's, Health Native Community Partnerships' and printed publications and on their websites. I hereby assign all rights, title, and interest in and to any photographs taken of me and/or the undersigned minor child(ren) to the National Indian Health Board.

I release the National Indian Health Board, Healthy Native Community Partnerships and from any expectation of confidentiality for the undersigned minor child(ren) and myself and attest that I am the parent or legal guardian of the child(ren) listed below and that I have the authority to authorize the organizations to use my or my child(ren)'s photographs and names.

I acknowledge that since participation in publications and websites produced by the National Indian Health Board, Healthy Native Community Partnerships and is voluntary, neither the minor child(ren) nor I will be entitled to receive financial compensation from the use of our names and images.

I release, waive, and hold harmless the National Indian Health Board, Healthy Native Community Partnerships and, its officers, trustees, and its employees from liability for any claims, causes of action, damages, or loss (including attorney's fees) by me or any third party in connection with the use of the names and photos of my child(ren)'s or me.

PLEASE LIST ALL MINOR CHILDREN BELOW:

Name

Age

(Print Name)

(Signature)

(Date)